| | | | | | | | | Application or Docket Number | | | | | |
|---|---|---|--------------------|-------------------------------------|--------------|------------------|--------------|------------------------------|------------------------|---------|---------------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2003 | | | | | | | | 14768150 | | | | | |
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMA TYPI | | NTITY | OR | | R THAN ENTITY | |
| T | OTAL CLAIMS | 3 | 8 | | A 1 | | R/ | TE | FEE | 7 | RATE | FEE · | |
| F | OR . | | NUMBER FILED | | NUMBER EXTRA | | BASI | C FE | 385.00 | OR | BASIC FEE | 770.00 | |
| TOTAL CHARGEABLE CLAIMS | | | minus 20= | | | | XS | 9= | | OR | ¥545 | | |
| IN | DEPENDENT C | LAIMS | minus 3 = | | • | | X4 | 3= | | OR | X86= | | |
| M | JLTIPLE DEPE | NDENT CLAIM P | RESENT | | <i>-:</i> | | | | | OR | ÷290= | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | TO. | | 2 /2 | OR | TOTAL | | | |
| CLAIMS AS AMENDED - PART II | | | | | | | | • | روب | 1 | OTHER | THAN | |
| | (Column 1) (Column 2) (Column 3) | | | | | | | ALL | ENTITY | OR | SMALL | | |
| AMENDMENT A | 63005 | CLAIMS REMAINING AFTER AMENDMENT | | HIGHI NUME PREVIO PAID F | BER JUSLY | PRESENT EXTRA | RA | ΤE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total | . 6 | Minus | #1 | 20 | . – | xs | 9= | | OR | X\$18= | | |
| | Independent | 1. 2 | Minus | *** | 3 | | X4: | 3= | | OR | X86= | | |
| | FIRST PRESE | NTATION OF MI | LTIPLE DEPENDENT C | | CLAIM | | +14 | 5- | | 1 | +290= | | |
| | | | | | | | | OTAL | | OR | TOTAL | | |
| | | | | | | | | FEE | <u> </u> | OR | ADDIT. FEE | | |
| | | (Column 1) CLAIMS | 1 | (Colum | | (Column 3) | | | 4001 | 1 1 | | 1001 | |
| AMENDMENT B | | REMAINING AFTER AMENDMENT | · | NUMB PREVIO PAID F | USLY | PRESENT EXTRA | RAT | Έ | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | Total . | • | Minus | 44 | | - | XS |)= | | OR | X\$18= | | |
| AME | Inaependent | • | Minus | Att | | | X43 | _ | | OR | X86= | | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | +145 | | | | 000 | | |
| | | | | | | | | >= TAL | | OR | +290= | | |
| • | | | | | | | | FEE | | OR, | TOTAL ADDIT. FEE | | |
| 1 | ` | | | | _ | | | | | | | | |
| AMENDMENT C | · | CLAIMS REMAINING AFTER AMENDMENT | | HIGHE NUMBI PREVIOL PAID F | ER JSLY | PRESENT EXTRA | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| NON | Total | • | Minus | ** | | = | X\$ 9 | = | | OR | X\$18= | | |
| ME | Independent | | Minus | *** | | = | X43 | _ | | t | X86= | | |
| _ | FIRST PRESE | NTATION OF MU | LTIPLE DEP | ENDENT (| CLAIM | | | + | | OR | 700- | | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | | | | = AL | | OR | +290= | | |
| → | "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." | | | | | | | | | OR A | TOTAL DDIT. FEE | | |
| Ť | he "Highest Num | ber Previously Paid | For (Total or | Independen | it) is the I | highest number | found in the | appi | ropriate box | in colu | mn 1. | | |